LASATA CARE CENTER W76 N677 WAUWATOSA ROAD

CEDARBURG 53012 Phone: (262) 377-5060 Ownership: County Operated from 1/1 To 12/31 Days of Operation: 365 Skilled Highest Level License: Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Yes Number of Beds Set Up and Staffed (12/31/03): 203 Title 18 (Medicare) Certified? Total Licensed Bed Capacity (12/31/03): 203 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 194 Average Daily Census: 194

Services Provided to Non-Residents		Age, Gender, and Primary Di	_		(12/31/03)	Length of Stay (12/31/03)	용
Home Health Care No		Primary Diagnosis		Age Groups	응	Less Than 1 Year	19.1
Supp. Home Care-Personal Care	No					1 - 4 Years	38.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.7	More Than 4 Years	30.4
Day Services	No	Mental Illness (Org./Psy)	42.8	65 - 74	3.6		
Respite Care	No	Mental Illness (Other)	6.7	75 - 84	24.7		88.1
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	55.7	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.0	95 & Over	10.3	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.1			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.5		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	11.9	65 & Over	94.3		
Transportation	No	Cerebrovascular	5.2			RNs	11.3
Referral Service	No	Diabetes	3.1	Gender	용	LPNs	5.1
Other Services	No	Respiratory	1.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	25.3	Male	20.1	Aides, & Orderlies	43.5
Mentally Ill	No	[Female	79.9		
Provide Day Programming for			100.0				
Developmentally Disabled	No	1			100.0		
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Method of Reimbursement

		edicare itle 18			edicaio itle 19		Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	용	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Total Resi- dents	- Of	
Int. Skilled Care	 13	100.0	293	1	0.8	143	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	14	7.2	
Skilled Care	0	0.0	0	117	88.6	121	0	0.0	0	43	87.8	188	0	0.0	0	0	0.0	0	160	82.5	
Intermediate				14	10.6	100	0	0.0	0	6	12.2	172	0	0.0	0	0	0.0	0	20	10.3	
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	13	100.0		132	100.0		0	0.0		49	100.0		0	0.0		0	0.0		194	100.0	

LASATA CARE CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
	I				% Needing		Total
Percent Admissions from:	I	Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	8.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.7	Bathing	0.0		52.1	47.9	194
Other Nursing Homes	10.7	Dressing	19.6		61.9	18.6	194
Acute Care Hospitals	69.6	Transferring	34.0		42.8	23.2	194
Psych. HospMR/DD Facilities	0.0	Toilet Use	27.3		47.4	25.3	194
Rehabilitation Hospitals	0.0	Eating	53.1			7.2	194
Other Locations	8.0	*****	* * * * * * * * * * * * * * *	*****	******	******	*****
otal Number of Admissions	112	Continence		용	Special Treatmen	ts	용
ercent Discharges To:	I	Indwelling Or Extern	nal Catheter	7.2	Receiving Resp	iratory Care	4.1
Private Home/No Home Health	10.5	Occ/Freq. Incontine	nt of Bladder	52.1	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	16.7	Occ/Freq. Incontine	nt of Bowel	31.4	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0				Receiving Osto	my Care	3.1
Acute Care Hospitals	10.5	Mobility			Receiving Tube	Feeding	2.1
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	24.2
Rehabilitation Hospitals	0.0				,	_	
Other Locations	3.5 I	Skin Care			Other Resident C	haracteristics	
Deaths	58.8 i	With Pressure Sores		3.1	Have Advance D	irectives	61.3
otal Number of Discharges	i	With Rashes		7.7	Medications		
(Including Deaths)	114 i				Receiving Psvc	hoactive Drugs	63.9

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	This Government		2	00+	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8	8	% Ratio % Ratio %		용	Ratio	ે	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	95.6	95.1	1.00	86.1	1.11	86.6	1.10	87.4	1.09
Current Residents from In-County	82.5	84.7	0.97	79.8	1.03	84.5	0.98	76.7	1.07
Admissions from In-County, Still Residing	43.8	45.4	0.96	24.0	1.82	20.3	2.16	19.6	2.23
Admissions/Average Daily Census	57.7	55.4	1.04	118.5	0.49	157.3	0.37	141.3	0.41
Discharges/Average Daily Census	58.8	58.5	1.00	120.4	0.49	159.9	0.37	142.5	0.41
Discharges To Private Residence/Average Daily Census	16.0	11.5	1.39	34.8	0.46	60.3	0.27	61.6	0.26
Residents Receiving Skilled Care	89.7	88.9	1.01	91.2	0.98	93.5	0.96	88.1	1.02
Residents Aged 65 and Older	94.3	95.3	0.99	90.2	1.05	90.8	1.04	87.8	1.07
Title 19 (Medicaid) Funded Residents	68.0	68.9	0.99	62.8	1.08	58.2	1.17	65.9	1.03
Private Pay Funded Residents	25.3	23.2	1.09	20.6	1.23	23.4	1.08	21.0	1.21
Developmentally Disabled Residents	0.0	0.7	0.00	0.9	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	49.5	29.1	1.70	32.9	1.51	33.5	1.48	33.6	1.47
General Medical Service Residents	25.3	12.1	2.09	20.1	1.26	21.4	1.18	20.6	1.23
Impaired ADL (Mean)	49.0	51.1	0.96	51.2	0.96	51.8	0.95	49.4	0.99
Psychological Problems	63.9	59.0	1.08	61.5	1.04	60.6	1.05	57.4	1.11
Nursing Care Required (Mean)	5.5	6.3	0.88	7.6	0.73	7.3	0.76	7.3	0.76